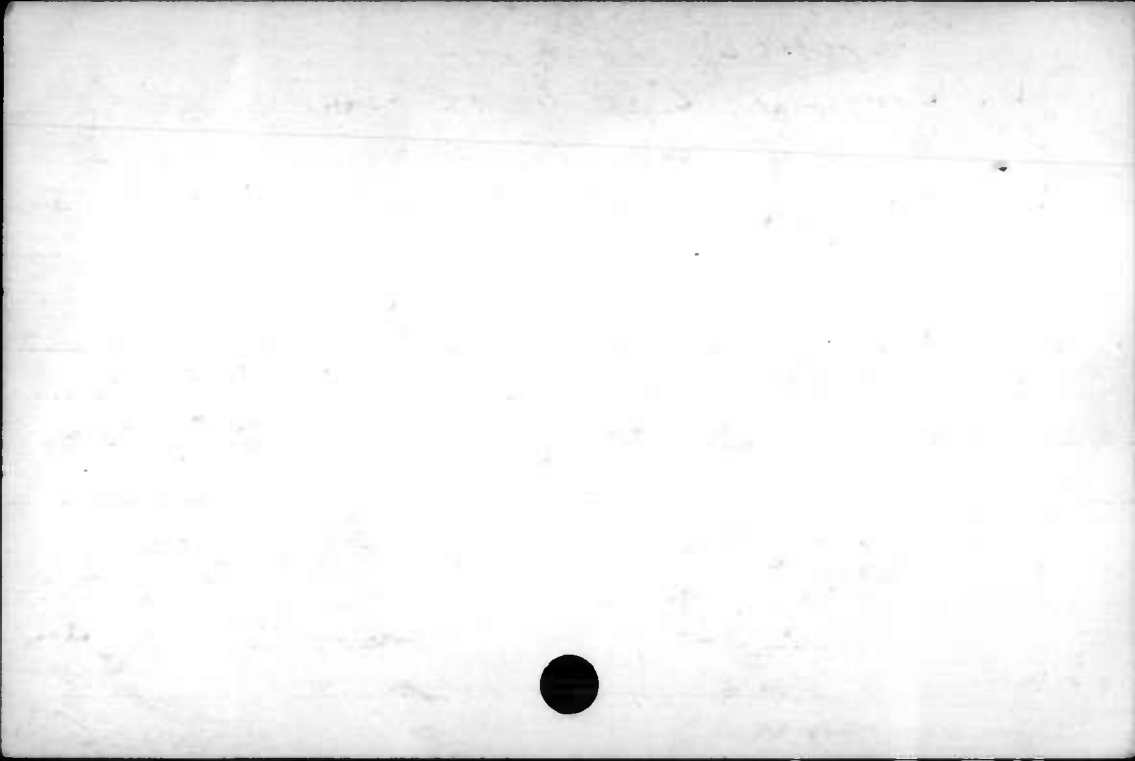


|  |  |                            |        |                        |                         |                      |           |
|--|--|----------------------------|--------|------------------------|-------------------------|----------------------|-----------|
| Name in Full   |  | Clarence Bishop            |        |                        |                         | CERTIFICATE OF DEATH |           |
| TO BE ANSWERED BY NEAREST FRIEND                                     |  | Died at                    |        | Town                   | County                  | MARYLAND             |           |
|  |  | Snow Hill                  |        | Worcester              |                         |                      |           |
|  |  | Date of death 1903         | Month  | Day                    | Years                   | Months               | Days      |
|  |  | Oct-                       | 8      | Age                    | 22                      |                      |           |
|  |  | Sex                        | male   | Color or Race          | Male Color              | Birth-place          | Snow Hill |
|  |  | Married, Single or Widowed | Single |                        | Occupation              | Trainer              |           |
|  |  | Name of Wife or Husband    | None   |                        |                         |                      |           |
| Father's Name  |  | Sandro Bishop              |        |                        | Father's Birthplace     |                      | Worcester |
| Mother's Maiden Name   |  | Maggie Bishop              |        |                        | Mother's Birthplace     |                      | Worcester |
| Name of person giving information                                    |  | Moses Merrill              |        |                        | How related to deceased |                      | uncle     |
| CAUSES OF DEATH  |  |                            |        |                        |                         |                      |           |
| PHYSICIAN OR CORONER   |  | Primary                    |        |                        |                         | How long             |           |
|  |  | Consumption                |        |                        |                         | 9 month              |           |
|  |  | Immediate                  |        |                        |                         | How long             |           |
|  |  |                            |        |                        |                         | 4 months             |           |
| Are the name, age, sex, color, date and place correctly given above? |  | Yes                        |        | Signature of Physician |                         |                      |           |
| Snow Hill  |  | County                     |        | William S. Williams    |                         |                      |           |
| Accident or Suicide?   |  | County                     |        | Address                |                         |                      |           |
|  |  |                            |        | Worcester              |                         |                      |           |
|  |  |                            |        | Maryland               |                         |                      |           |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John Blake*  
*Stockton* Town*Worcester* County

Date

of death 1903

Month

*October*

Day

*2<sup>nd</sup>*

Years

Age

*47 years*

Months

Days

Sex

*Male*Color or  
Race*Black  
African*Birth-  
place*Stockton Md.*Married, Single  
or Widowed*Single*

Occupation

*had none*Name of Wife or  
HusbandFather's  
Name*Charles Blake*Father's  
Birthplace*Girdletree*Mother's  
Maiden Name*Harriet Tull*Mother's  
Birthplace*Stockton*Name of person giving  
In formation*Father, Charles Blake,*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Typhoid Fever*

How long

*2 weeks*

Immediate

*Internal Hemorrhage*

How long

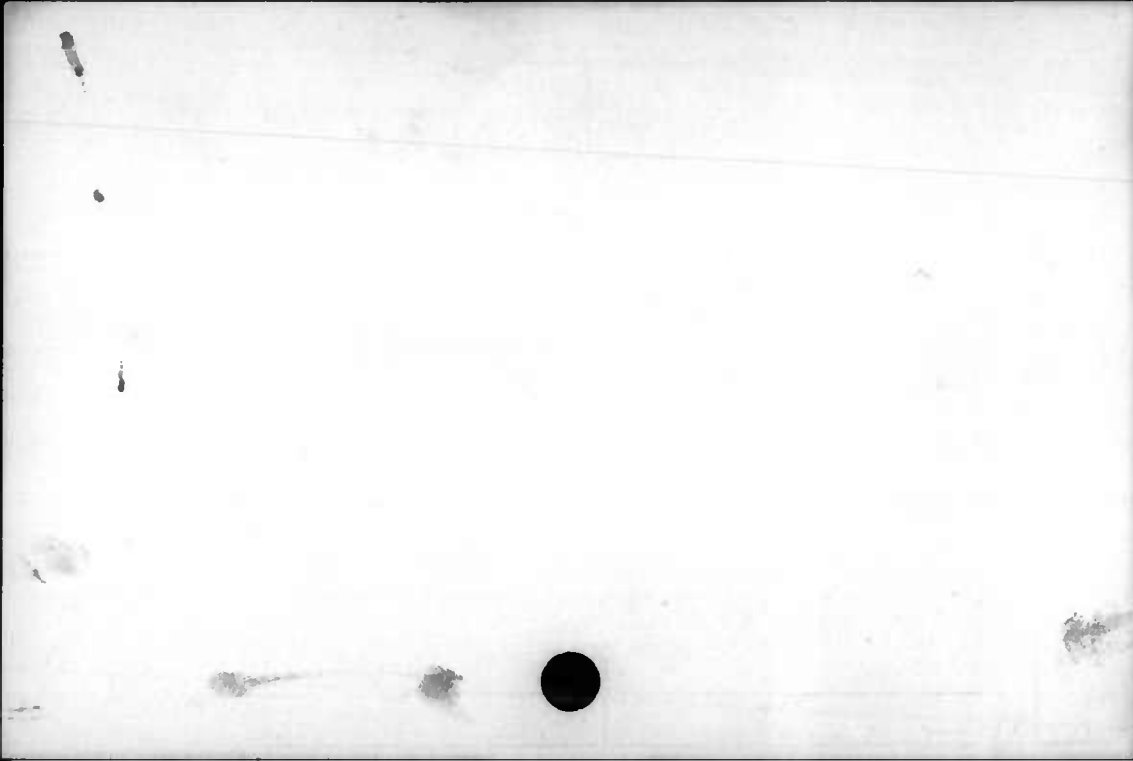
*1 day*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*J. T. Parker*

Address

*Stockton Maryland*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

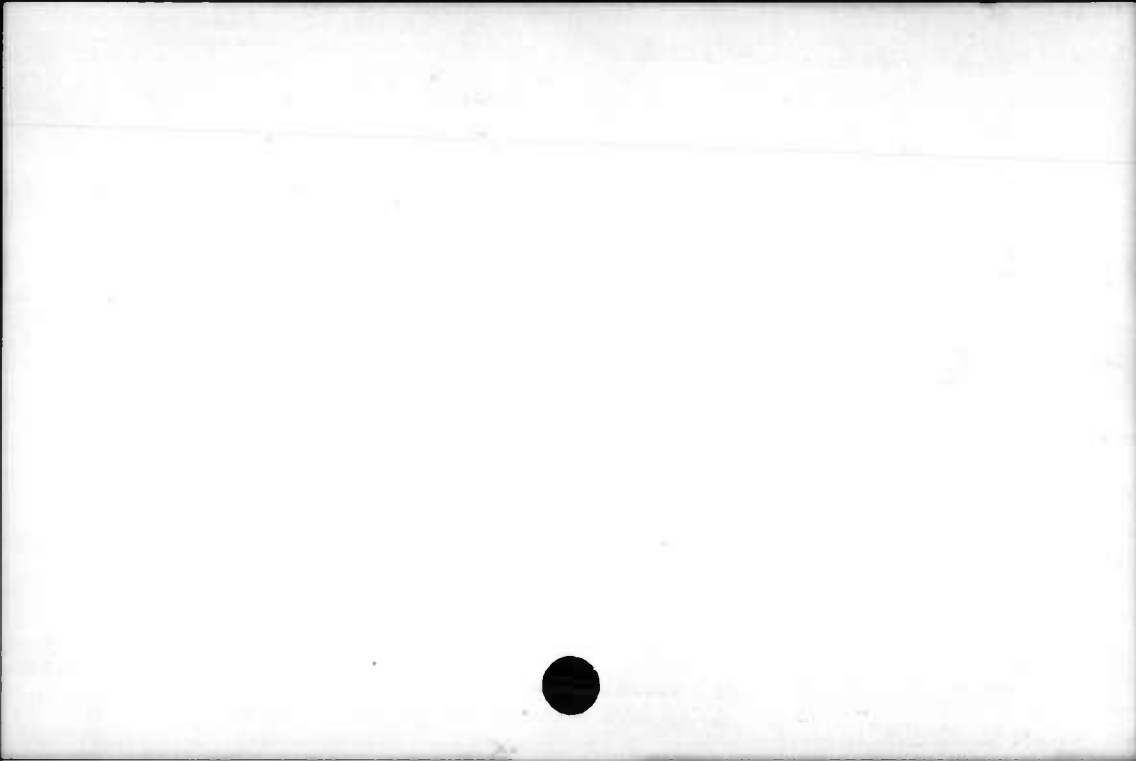
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| Name in Full<br><i>Julie Briddell</i>                        |  | Town<br><i>Berlin</i>                  |  | County<br><i>Winchester</i>                         |  | State<br><i>MARYLAND</i>               |  |
| Died at<br><i>Berlin</i>                                     |  | Month<br><i>Oct</i>                    |  | Day<br><i>29</i>                                    |  | Years<br><i>82</i>                     |  |
| Date of death<br><i>1903</i>                                 |  | Months<br><i>—</i>                     |  | Days<br><i>—</i>                                    |  |  |  |
| Sex<br><i>Female</i>   |  | Color or Race<br><i>Black</i>          |  | Birth-place<br><i>Maryland</i>                      |  |  |  |
| Occupation<br><i>Housekeeper</i>                             |  |  |  | Where Residing if not at place of death<br><i>—</i> |  |  |  |
| Married, Single or Widowed<br><i>—</i>                       |  | Name of Wife or Husband<br><i>—</i>    |  |   |  |  |  |
| Father's Name<br><i>Manuel Purcell</i>                       |  | Father's Birthplace<br><i>Maryland</i> |  | Mother's Maiden Name<br><i>Julie Watts</i>          |  | Mother's Birthplace<br><i>Maryland</i> |  |
| Name of person giving Information<br><i>William Briddell</i> |  | How related to deceased<br><i>son</i>  |  |   |  |  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |  |  |
|--|--|--|--|
| Primary  |  | How long   |  |
| Immediate  |  | How long<br><i>Thermerage</i>                            |  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> |  | Signature of Physician<br><i>W. L. Dr. in attendance</i> |  |
| <i>Charles J. Evans</i>  |  | Address<br><i>825 undertakers<br/>Berlin md</i>          |  |
| Accident or Suicide?   |  |  |  |



*Kellen B. Bunting*

Died at *Ocean City* Town *Worcester* County MARYLAND

Date 1903 *Oct 19<sup>th</sup>* Month *Oct* Day *19<sup>th</sup>* Age *\* 5-3* Y. *\** M. *3* D. *O.C. Md* Native of *O.C. Md* Occupation

Male *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female *Colored* *Single* *Widower* Number of children living

Husband of *Mary John*  
 Wife *John Bunting*  
 Father's Name *John Bunting* Mother's Maiden Name *105*

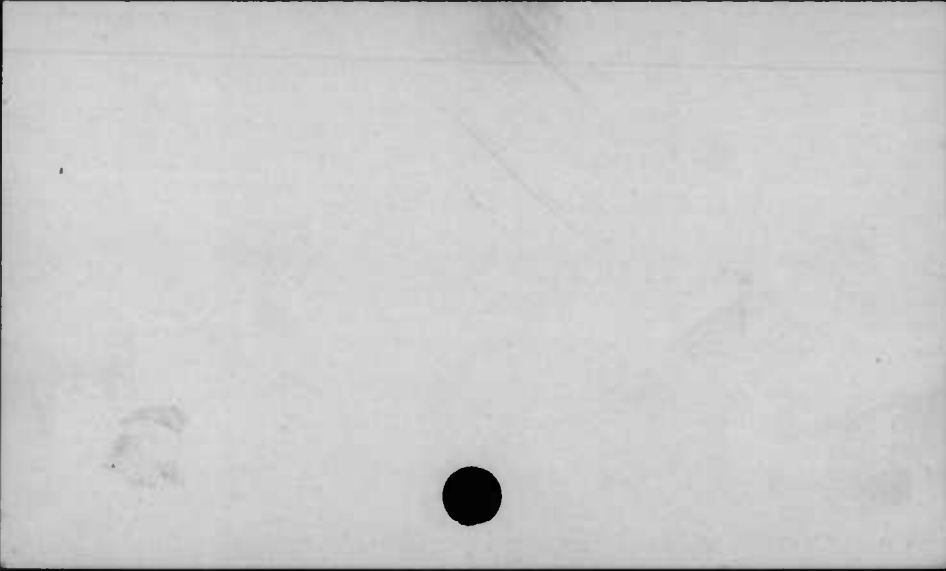
Cause of Death { Primary *Enteric Colitis*  
 Immediate *Enteric Colitis*

How long sick *About 8 days*  
 Accident, Suicide, Homicide

Reported by *J. B. Baggett M. D.*

Address *Ocean City - Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Amelia Faber

## CERTIFICATE OF DEATH

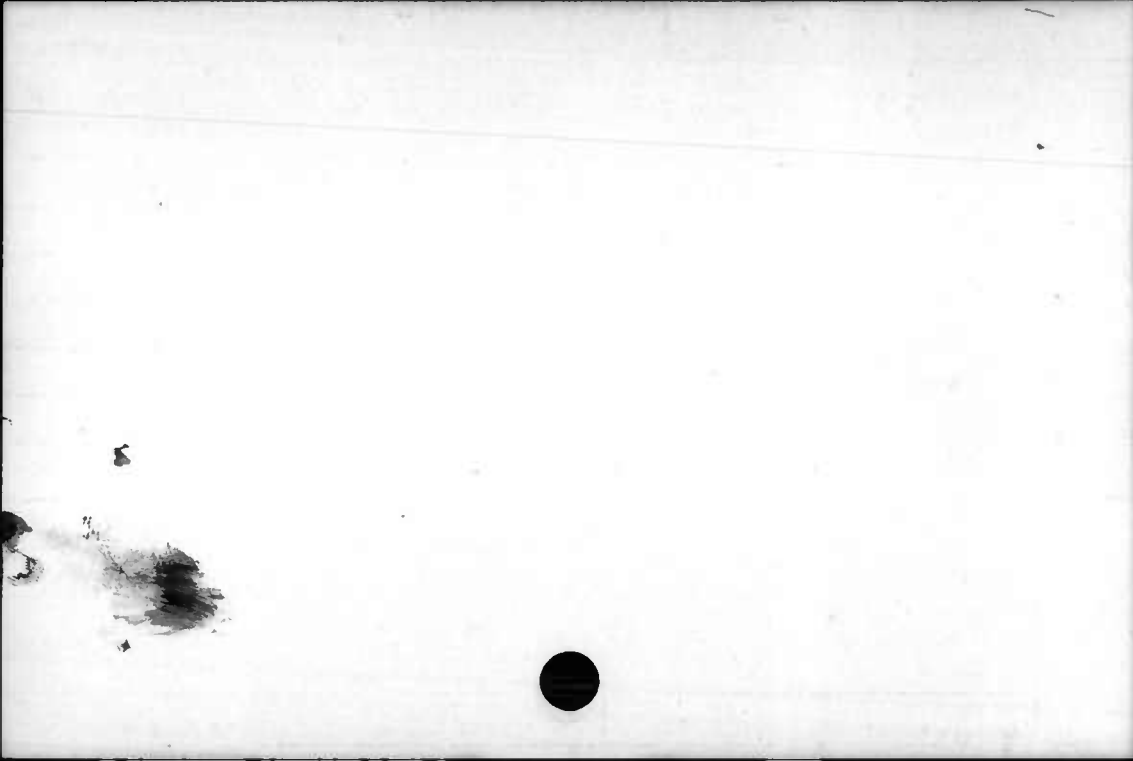
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                                    |                                       |                 |               |
|---|----------------------------|------------------------------------|---------------------------------------|-----------------|---------------|
| Died at <i>Storkton</i> <sup>Town</sup>                           |                            | <i>Worcester</i> <sup>County</sup> |                                       | MARYLAND        |               |
| Date of death 190 <i>8</i>  | Month <i>Oct.</i>          | Day <i>12</i>                      | Age <i>6</i> <sup>Years</sup>         | Months <i>4</i> | Days <i>0</i> |
| Sex <i>Female</i>   | Color or Race <i>white</i> |                                    | Birth-place <i>Balto, Md</i>          |                 |               |
| <del>Married, Single</del><br><del>or Widowed</del> <i>Single</i> |                            | Occupation <i>-</i>                |                                       |                 |               |
| Name of Wife or Husband <i>-</i>                                  |                            |                                    |                                       |                 |               |
| Father's Name <i>Abner Faber</i>                                  |                            |                                    | Father's Birthplace <i>Germany</i>    |                 |               |
| Mother's Maiden Name <i>Annetta Griffner</i>                      |                            |                                    | Mother's Birthplace <i>"</i>          |                 |               |
| Name of person giving information <i>Adolph Griffner</i>          |                            |                                    | How related to deceased <i>Nephew</i> |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Zypho Malaria</i>  | How long <i>10 days</i>                       |
| Immediate <i>Heart Failure</i>  | How long <i>6 hours</i>                       |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. H. Dickerson</i> |
|   | Address <i>Storkton Md</i>                    |
| Accident or Suicide? <i>-</i>   |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

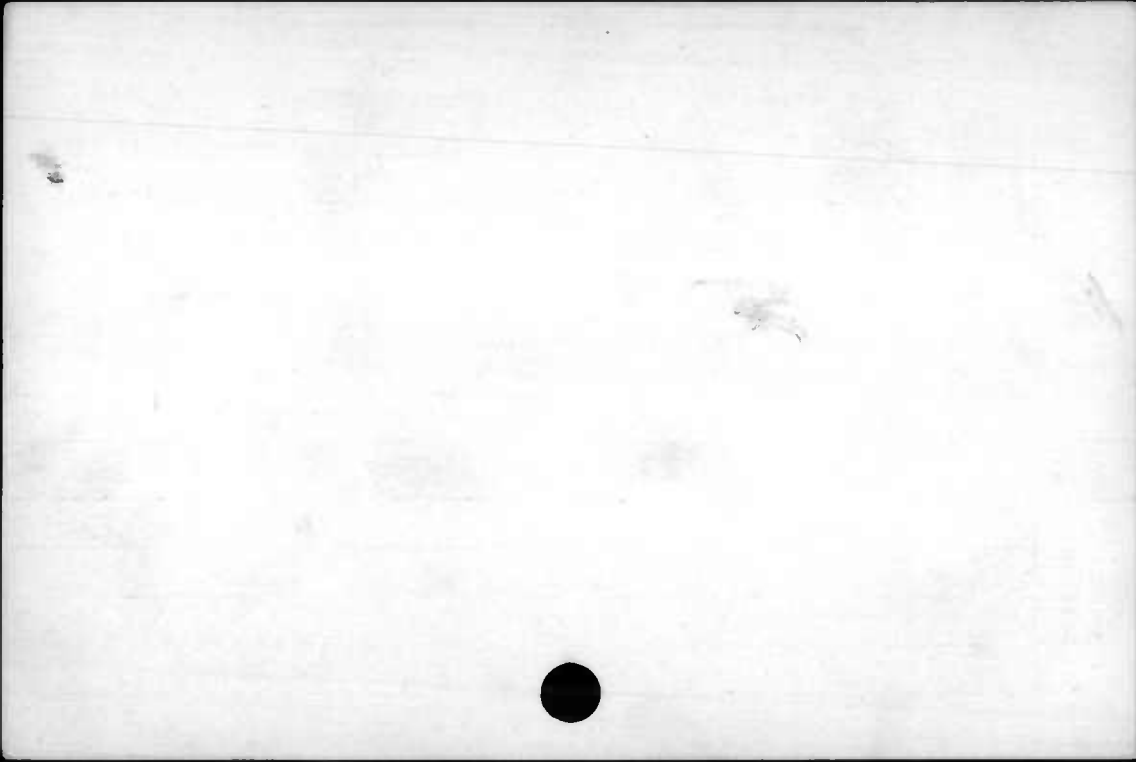
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                               |  |  |  |                    |  |
|--|--|-------------------------------|--|--|--|--------------------|--|
| Name in Full<br><i>Maggie Foulks</i>                       |  | Town<br><i>Whaleyville</i>    |  | County<br><i>Worcester</i>                 |  | MARYLAND           |  |
| Died at<br><i>Whaleyville</i>                              |  | Month<br><i>Oct</i>           |  | Day<br><i>19</i>                           |  | Years<br><i>14</i> |  |
| Date of death 190 <i>3</i>                                 |  | Month<br><i>Oct</i>           |  | Day<br><i>19</i>                           |  | Age<br><i>14</i>   |  |
| Sex<br><i>Female</i>                                       |  | Color or Race<br><i>Black</i> |  | Birth-place<br><i>Saint Martin</i>         |  |                    |  |
| <del>Married</del> , Single<br>or <del>Widowed</del>       |  |                               |  | Occupation                                 |  |                    |  |
| Name of Wife or Husband                                    |  |                               |  |  |  |                    |  |
| Father's Name<br><i>William Foulks</i>                     |  |                               |  | Father's Birthplace<br><i>Saint Martin</i> |  |                    |  |
| Mother's Maiden Name<br><i>Rutha Leeper</i>                |  |                               |  | Mother's Birthplace<br><i>Acama Va</i>     |  |                    |  |
| Name of person giving information<br><i>William Foulks</i> |  |                               |  | How related to deceased<br><i>Father</i>   |  |                    |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary<br><i>Typhoid Fever</i>  | How long                                       |
| Immediate<br><i>Heart Failure</i>  | How long<br><i>10 days</i>                     |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> | Signature of Physician<br><i>Doyle Tyndall</i> |
|  | Address<br><i>Whaleyville</i>                  |
| Accident or Suicide?   | <i>Ind</i>                                     |



Name  
in  
Full

Edward Hill

## CERTIFICATE OF DEATH

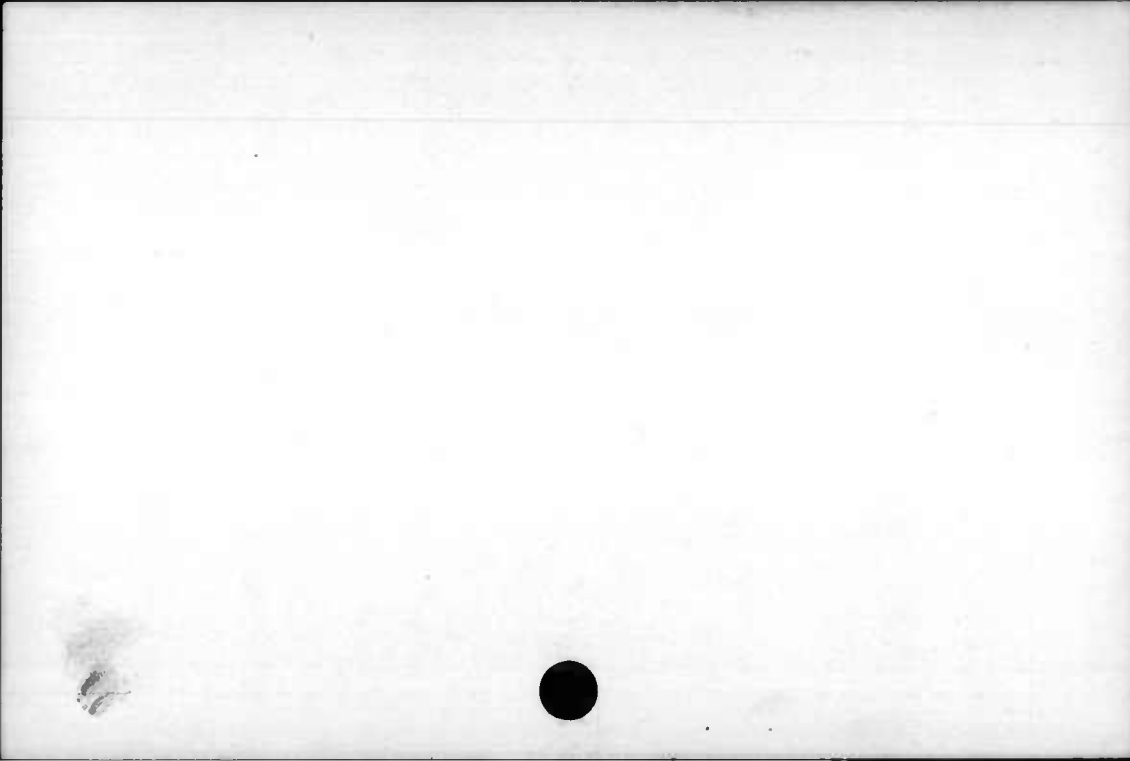
TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |  |                    |             |                     |           |          |                            |                 |           |
|---------------------------------------|--|--------------------|-------------|---------------------|-----------|----------|----------------------------|-----------------|-----------|
| Died at                               |  | Town<br>Mar Berlin |             | County<br>Worcester |           | MARYLAND |                            |                 |           |
| Date<br>of death 190                  |  | 3                  | Month<br>10 | Day<br>7            | Age<br>62 | Years    | Months<br>—                | Days<br>—       |           |
| Sex                                   |  | Male               |             | Color or<br>Race    |           | White    |                            | Birth-<br>place | Worcester |
| Married, Single<br>or Widowed         |  | Married            |             | Occupation          |           | farmer   |                            |                 |           |
| Name of Wife or<br>Husband            |  | —                  |             |                     |           |          |                            |                 |           |
| Father's<br>Name                      |  | —                  |             |                     |           |          | Father's<br>Birthplace     |                 | 177       |
| Mother's<br>Maiden Name               |  | —                  |             |                     |           |          | Mother's<br>Birthplace     |                 | —         |
| Name of person giving<br>In formation |  | Josiah Bunting     |             |                     |           |          | How related<br>to deceased |                 | None      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |               |   |         |
|---|---------------|---|---------|
| Primary   | Dropsy        | How long  | 2 years |
| Immediate   | Heart failure | How long  | —       |
| Are the name, age, sex, color, date<br>and place correctly given above? |               | Signature of<br>Physician or<br>Coroner<br>Dr R P Collins |         |
|   |               | Address<br>Bishopville                                    |         |
| Accident or Suicide?  |               |   |         |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Julie Kelly child*

Died at *North Town* County *Worcester* MARYLAND

Date of death 1903 Month *Oct* Day *22* Age Years Months *8* Days

Sex *Male* Color or Race *White* Birth-place *Frenship*

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name *105* Father's Birthplace

Mother's Maiden Name *Julia Kelly* Mother's Birthplace *Frenship*

Name of person giving information *John Powell* How related to deceased *son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

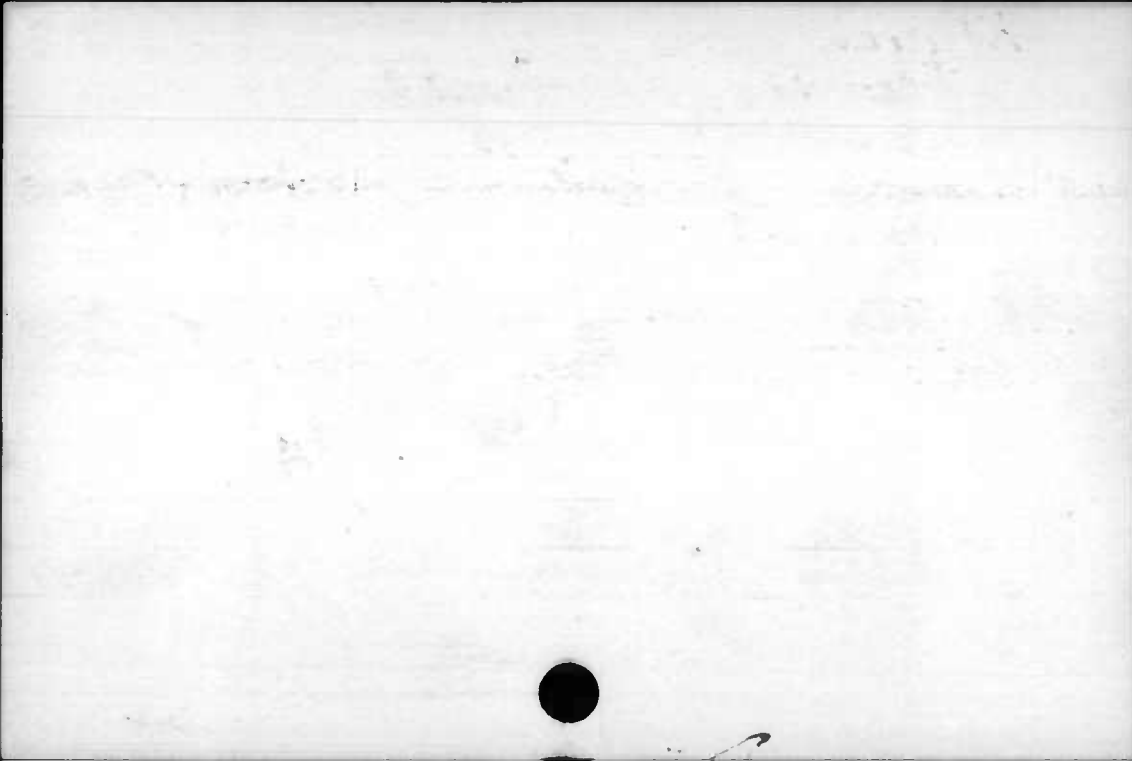
Primary *Acute Infantum* How long *Some Time*

Immediate *Enter Colitis* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *E. J. Dirksen*

Address *Burlington*

Accident or Suicide?





Name  
in  
Full

Mariah Long

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                                       |  |  |                               |                             |
|---|---------------------------------------|--|--|-------------------------------|-----------------------------|
| Died at <i>Pocomoke</i> <small>Town</small> |                                       | <i>Worcester</i> <small>County</small> |  | MARYLAND                      |                             |
| Date of death                               | <i>1903 Oct.</i> <small>Month</small> | <i>9</i> <small>Day</small>            | <i>70</i> <small>Years</small>                                   | <i></i> <small>Months</small> | <i></i> <small>Days</small> |
| Sex   | <i>Female</i>                         | Color or Race                          | <i>White</i>   | Birth-place                   | <i>Somerset Co Md</i>       |
| Occupation                                  | <i>Housewife</i>                      |  | Where Residing if not at place of death <i>at place of death</i> |                               |                             |
| Married, Single or Widowed                  | <i>married</i>                        | Name of Wife or Husband                | <i>Rufus Long</i>  |                               |                             |
| Father's Name                               | <i>George Gibbons</i>                 |  |  | Father's Birthplace           | <i>Somerset Co Md</i>       |
| Mother's Maiden Name                        | <i>Maddux</i>                         |  |  | Mother's Birthplace           | <i>Worcester Co Md</i>      |
| Name of person giving Information           | <i>Rufus Long</i>                     |  |  | How related to deceased       | <i>Husband</i>              |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |                        |                         |
|--|---|------------------------|-------------------------|
| Primary  | <i>Abdominal Tumor</i>                        | How long               | <i>Twelve months</i>    |
| Immediate  | <i>Failure of vital forces from inanition</i> | How long               | <i>Four months</i>      |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i>                                    | Signature of Physician | <i>J J Coster</i>       |
|  |   | Address                | <i>Pocomoke City Md</i> |
| Accident or Suicide?   |   |                        |                         |



Name  
in  
Full

## CERTIFICATE OF DEATH

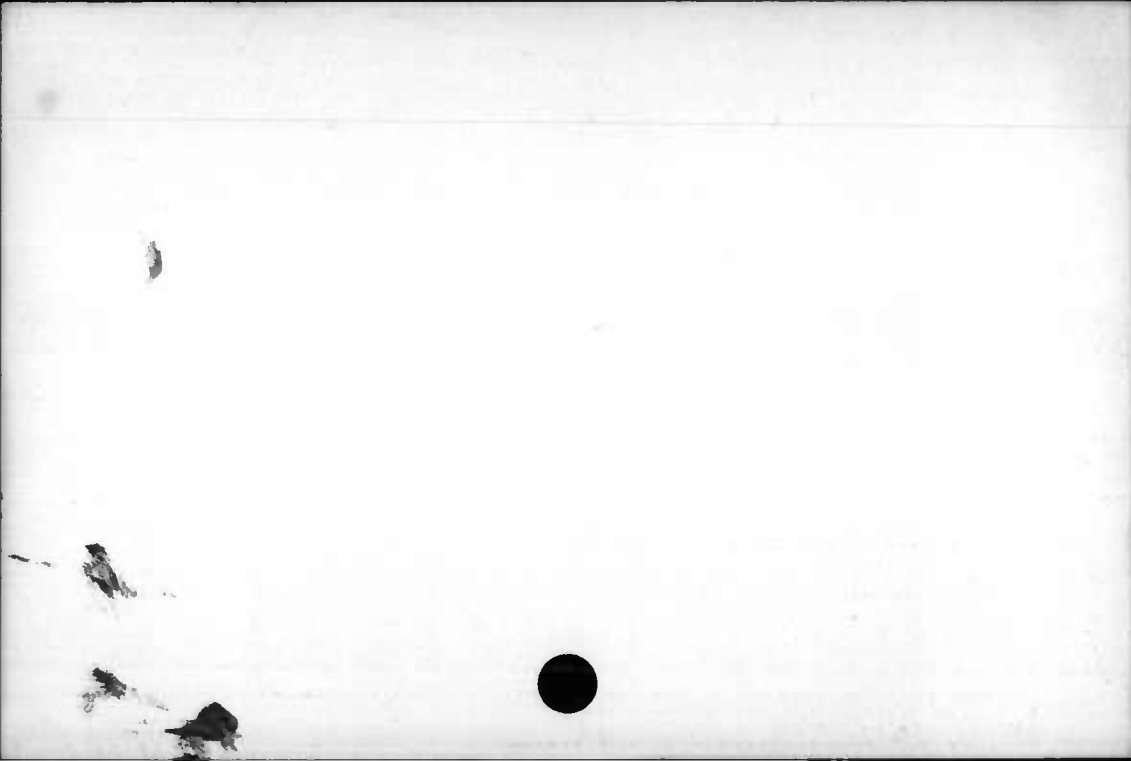
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                             |                                     |     |                         |        |          |  |
|---|-----------------------------|-------------------------------------|-----|-------------------------|--------|----------|--|
| Died at <i>Near Pocomoke, Worcester</i>     |                             | Town <i>Worcester</i>               |     | County                  |        | MARYLAND |  |
| Date of death 1903                          | Month <i>Oct</i>            | Day <i>26</i>                       | Age | Years <i>40</i>         | Months | Days     |  |
| Sex <i>Female</i>                           | Color or Race <i>White</i>  | Birth-place <i>Maryland</i>         |     |                         |        |          |  |
| Married, Single or Widowed <i>Married</i>   | Occupation <i>Housewife</i> |                                     |     |                         |        |          |  |
| Name of Wife or Husband <i>Edwina Mason</i> |                             |                                     |     |                         |        |          |  |
| Father's Name <i>Peter Pelchard</i>         |                             | Father's Birthplace <i>Maryland</i> |     |                         |        |          |  |
| Mother's Maiden Name <i>Worothy Peggins</i> |                             | Mother's Birthplace <i>" "</i>      |     |                         |        |          |  |
| Name of person giving information           |                             |                                     |     | How related to deceased |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Typhoid after confinement</i>  | How long <i>2 weeks</i>                       |
| Immediate <i>Collapse</i>   | How long                                      |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Samuel S. Quinn</i> |
|   | Address <i>Pocomoke, Md.</i>                  |
| Accident or Suicide?  |   |



Name  
in  
Full

Ella C. Merritt

## CERTIFICATE OF DEATH

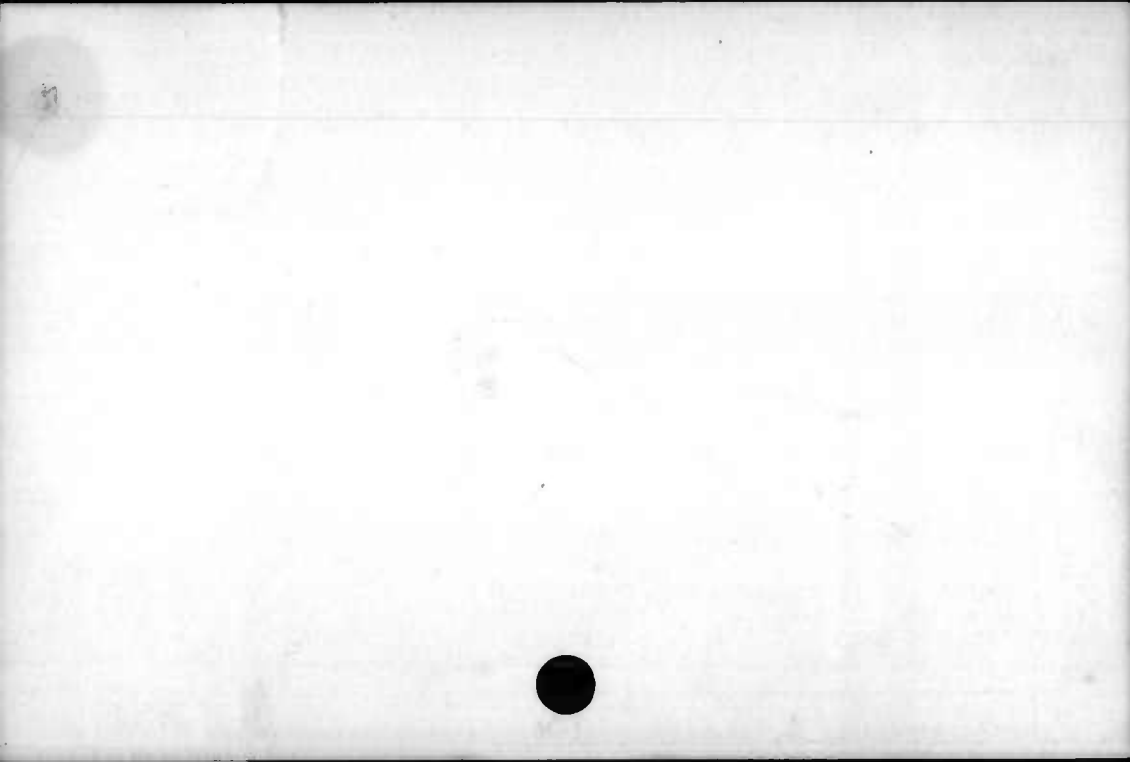
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                    |                |          |  |
|--|--|------------------------------------|----------------|----------|--|
| Died at <i>Pocomoke City</i> <sup>Town</sup>                                   |  | <i>Worcester</i> <sup>County</sup> |                | MARYLAND |  |
| Date of death 190 <i>3</i> <sup>Month</sup> <i>Oct</i> <sup>Day</sup> <i>8</i> | Age <i>30</i> <sup>Years</sup>             | Months <i>3</i>                    | Days <i>10</i> |          |  |
| Sex <i>Female</i>  | Color or Race <i>White</i>                 | Birth-place <i>Stockton, Md.</i>   |                |          |  |
| Married, Single or Widowed <i>Married</i>                                      | Occupation <i>Domestic</i>                 |                                    |                |          |  |
| Name of Wife or Husband <i>William Merritt</i>                                 |  |                                    |                |          |  |
| Father's Name <i>John Robinson</i>   | Father's Birthplace <i>Stockton, Md.</i>   |                                    |                |          |  |
| Mother's Maiden Name <i>Sallie Johnson</i>                                     | Mother's Birthplace <i>New Church, Va.</i> |                                    |                |          |  |
| Name of person giving Information <i>William Merritt</i>                       | How related to deceased <i>Aunt</i>        |                                    |                |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Acute Endocarditis</i>   | How long <i>4 wks</i>                     |
| Immediate <i>Heart failure (Dulcor)</i>   | How long <i>6 days</i>                    |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>R. Lee Hale</i> |
|   | Address <i>Pocomoke City, Md.</i>         |
| Accident or Suicide?  |   |



Name  
in  
Full

May E. Pruitt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                               |                                    |   |  |                    |  |      |
|--|--|-------------------------------|------------------------------------|---|--|--------------------|--|------|
| Died at <i>New Berlin</i> <sup>Town</sup>                |  |                               | <i>Worcester</i> <sup>County</sup> |   |  | MARYLAND           |  |      |
| Date of death 190 <i>3</i>                               |  | Month<br><i>10</i>            | Day<br><i>21</i>                   | Age<br><i>105</i>                         |  | Months<br><i>2</i> |  | Days |
| Sex<br><i>Female</i>                                     |  | Color or Race<br><i>White</i> |                                    | Birth-place<br><i>Ma.</i>                 |  |                    |  |      |
| <del>Married, Single</del><br>or <del>Widowed</del>      |  |                               |                                    | Occupation<br><i>_____</i>                |  |                    |  |      |
| Name of Wife or Husband                                  |  |                               |                                    |   |  |                    |  |      |
| Father's Name<br><i>S. J. Pruitt</i>                     |  |                               |                                    | Father's Birthplace<br><i>Ma.</i>         |  |                    |  |      |
| Mother's Maiden Name                                     |  |                               |                                    | Mother's Birthplace<br><i>Ma.</i>         |  |                    |  |      |
| Name of person giving information<br><i>S. J. Pruitt</i> |  |                               |                                    | How related to deceased<br><i>Father.</i> |  |                    |  |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |  |
|--|--|--|
| Primary<br><i>Infection Bowells</i>                                  |  | How long<br><i>2 mo.</i>                                   |
| Immediate  |  | How long<br><i>_____</i>                                   |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature <i>✓</i><br>Physician <i>R. P. Collins M.D.,</i> |
| <i>They are,</i>   |  | Address<br><i>Bishopville</i><br><i>Ind.</i>               |
| Accident or Suicide?   |  |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |  |   |          |        |
|---|----------------------------|--|---|----------|--------|
| Died at <i>Berlin</i> <small>Town</small>                 |                            | <i>Forcister</i> <small>County</small> |   | MARYLAND |        |
| Date of death 190 <i>3</i>                                | Month <i>10</i>            | Day <i>25</i>                          | Age <i>58</i>                             | Years    | Months |
| Sex <i>Male</i>   | Color or Race <i>White</i> |  | Birth-place <i>Snow Hill</i>              |          |        |
| Married, <del>Single</del><br>or <del>Widowed</del>       |                            |  | Occupation <i>Farmer</i>                  |          |        |
| Name of Wife of <i>Ella Leonard</i><br><del>Husband</del> |                            |  |   |          |        |
| Father's Name <i>William M. Purnell</i>                   |                            |  | Father's Birthplace <i>Snow Hill</i>      |          |        |
| Mother's Maiden Name <i>Mary Jane Laws</i>                |                            |  | Mother's Birthplace <i>Wangs</i>          |          |        |
| Name of person giving information <i>J. E. Burroughs</i>  |                            |  | How related to deceased <i>Son in Law</i> |          |        |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary  | How long                                      |
| Immediate <i>Atrophy of Liver</i>                                    | How long <i>Three years</i>                   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Wm. C. Dikeston</i> |
|  | Address <i>Berlin Md</i>                      |
| Accident or Suicide?   |   |



Name  
in  
Full

Ralph Richardson

CERTIFICATE OF DEATH

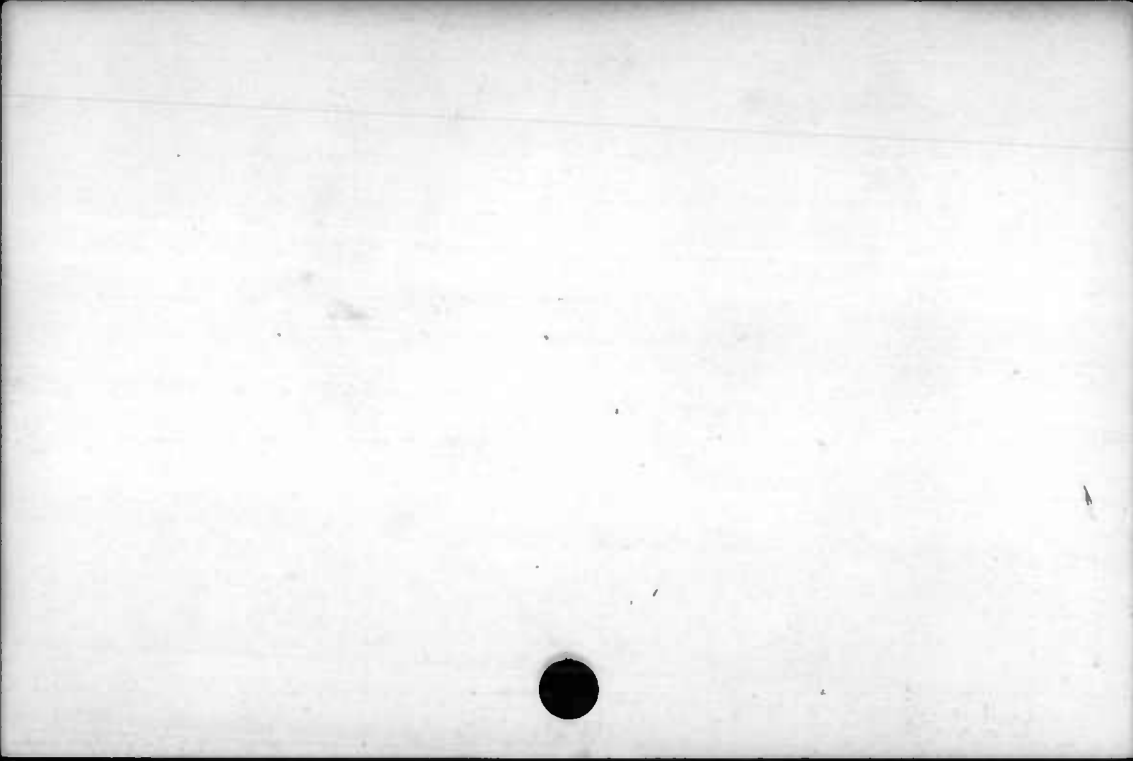
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                             |                                    |                               |                            |                          |
|---|-----------------------------|------------------------------------|-------------------------------|----------------------------|--------------------------|
| Died at <i>Synepuxent</i> <sup>Town</sup> |                             | <i>Harrislee</i> <sup>County</sup> |                               | MARYLAND                   |                          |
| Date of death 190 <i>3</i>                | <i>Oct</i> <sup>Month</sup> | <i>1</i> <sup>Day</sup>            | Age <i>1</i> <sup>Years</sup> | <i>3</i> <sup>Months</sup> | <i>—</i> <sup>Days</sup> |
| Sex <i>Male</i>                           | Color or Race <i>White</i>  | Birth-place <i>Synepuxent</i>      |                               |                            |                          |
| Married, Single or Widowed                |                             |                                    | Occupation                    |                            |                          |
| Name of Wife or Husband                   |                             |                                    |                               |                            |                          |
| Father's Name <i>William Richardson</i>   |                             |                                    | Father's Birthplace <i>Mo</i> |                            |                          |
| Mother's Maiden Name                      |                             |                                    | Mother's Birthplace           |                            |                          |
| Name of person giving information         |                             |                                    | How related to deceased       |                            |                          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Cold</i>   | How long <i>2 days</i>                     |
| Immediate <i>Acute Croupous Laryngitis</i>                                      | How long <i>2 days</i>                     |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. H. Hollan</i> |
|   | Address <i>Burles</i>                      |
| <i>Accident</i>   | <i>Mo</i>                                  |



Name  
in  
Full

## CERTIFICATE OF DEATH

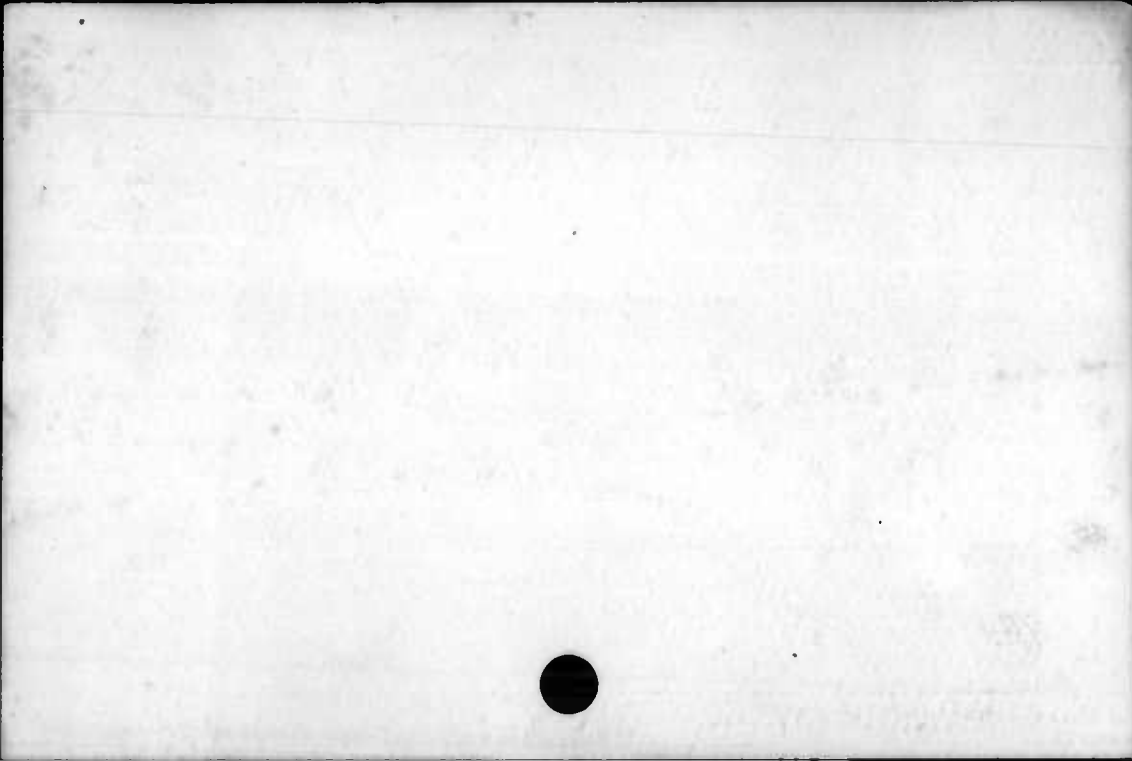
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                              |                                   |               |   |        |          |  |
|---|------------------------------|-----------------------------------|---------------|---|--------|----------|--|
| Died at <i>Pocomoke City</i>                            |                              | Town <i>Pocomoke City</i>         |               | County <i>Wicomico</i>                      |        | MARYLAND |  |
| Date of death 190 <i>3</i>                              | Month <i>Oct</i>             | Day <i>19</i>                     | Age <i>73</i> | Years                                       | Months | Days     |  |
| Sex <i>Female</i>                                       | Color or Race <i>Colored</i> | Birth-place <i>Pocomoke B. Va</i> |               |   |        |          |  |
| Married, Single or Widowed <i>Widow</i>                 | Occupation <i>Domestic</i>   |                                   |               |   |        |          |  |
| Name of Wife or Husband                                 |                              |                                   |               |   |        |          |  |
| Father's Name <i>Robert Taylor</i>                      |                              |                                   |               | Father's Birthplace <i>Pocomoke B. Va</i>   |        |          |  |
| Mother's Maiden Name                                    |                              |                                   |               | Mother's Birthplace                         |        |          |  |
| Name of person giving information <i>Eunice Stokley</i> |                              |                                   |               | How related to deceased <i>Son's Sister</i> |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Asthma</i>  | How long <i>Chronic</i>                    |
| Immediate <i>Pulmonary Edema</i>                                     | How long <i>48 hours</i>                   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>R. Lee Stace</i> |
| <i>Suppose so</i>  | Address <i>Pocomoke City, Md</i>           |
| Accident or Suicide?   |  |



Name  
in  
Full

unnamed

## CERTIFICATE OF DEATH

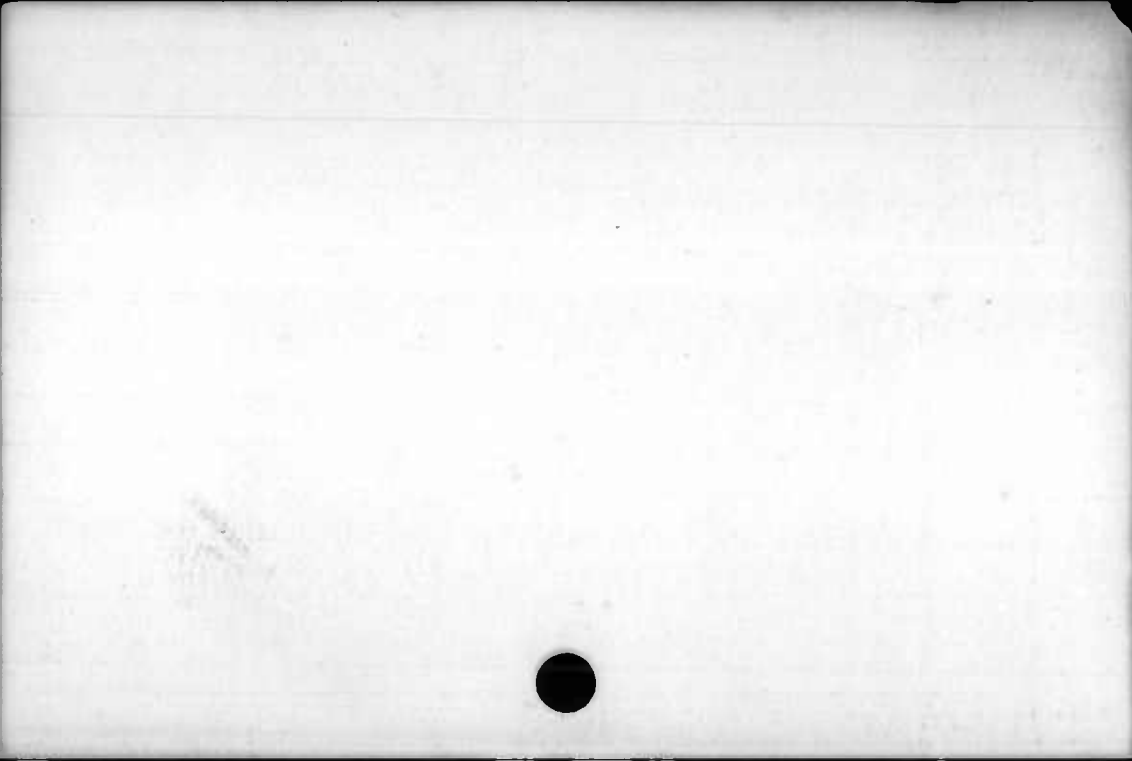
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                                    |                       |                                       |  |        |                  |  |
|--|------------------------------------|-----------------------|---------------------------------------|--|--------|------------------|--|
| Died <i>Near Potomac at</i>                                  |                                    | Town <i>Worriston</i> |                                       | County                                     |        | MARYLAND         |  |
| Date<br>of death 190 <i>3</i>                                | Month<br><i>Oct</i>                | Day<br><i>10</i>      | Age                                   | Years                                      | Months | Days<br><i>4</i> |  |
| Sex<br><i>Female</i>   | Color or<br>Race<br><i>colored</i> |                       | Birth-<br>place<br><i>Potts Creek</i> |  |        |                  |  |
| Married, Single<br>or Widowed<br><i>—</i>                    |                                    |                       | Occupation<br><i>Infant</i>           |  |        |                  |  |
| Name of Wife or<br>Husband                                   |                                    |                       |                                       |  |        |                  |  |
| Father's<br>Name<br><i>Wm Ward</i>                           |                                    |                       |                                       | Father's<br>Birthplace<br><i>Worriston</i> |        |                  |  |
| Mother's<br>Maiden Name<br><i>Amyie Long</i>                 |                                    |                       |                                       | Mother's<br>Birthplace<br><i>" "</i>       |        |                  |  |
| Name of person giving<br>in formation<br><i>Richard Long</i> |                                    |                       |                                       | How related<br>to deceased<br><i>uncle</i> |        |                  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary<br><i>Sout/moro</i>   | How long<br><i>4 days</i>                           |
| Immediate<br><i>Sout know</i>   | How long  |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>Yes</i> | Signature of<br>Physician<br><i>Sant &amp; L...</i> |
|   | Address<br><i>Potomac at Nid</i>                    |
| Accident or Suicide?  |   |





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                              |                     |   |          |        |
|---|------------------------------|---------------------|---|----------|--------|
| Died at <i>Princeton City</i>                         |                              | County <i>Meigs</i> |   | MARYLAND |        |
| Date of death 190 <i>3</i>                            | Month <i>Oct</i>             | Day <i>28</i>       | Age <i>26</i>                               | Years    | Months |
| Sex <i>Female</i>                                     | Color or Race <i>Colored</i> |                     | Birth-place                                 |          |        |
| Married, Single or Widowed <i>Widowed</i>             |                              |                     | Occupation <i>Domestic</i>                  |          |        |
| Name of Wife or Husband <i>W. W. Wicks</i>            |                              |                     |   |          |        |
| Father's Name <i>Walter Wright</i>                    |                              |                     | Father's Birthplace <i>Thomas Co. Md</i>    |          |        |
| Mother's Maiden Name                                  |                              |                     | Mother's Birthplace                         |          |        |
| Name of person giving information <i>R. R. Thomas</i> |                              |                     | How related to deceased <i>Inter in law</i> |          |        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>General debility due to pregnancy</i>                     | How long <i>—</i>                          |
| Immediate <i>Dysentery</i>   | How long <i>100 weeks</i>                  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>H. Rice Hall</i> |
| <i>As far as I know</i>  | Address <i>Princeton City, Md</i>          |
| Accident or Suicide?   |  |

